



LEOFF I Disability Board

Approval of Case 21-1 Dental Request

Agenda Date: 2/8/2021
Agenda Item Number: 3.A
File Number:21-0162

Type: decision **Version:** 1 **Status:** Passed

Title

Approval of Case 21-1 Dental Request

Report

Issue:

Whether to approve payment for dental implant for retired LEOFF 1 member in the amount of \$2,340.00

Staff Contact:

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Background:

The board must decide whether or not to approve the request for a dental implant for the member in the amount of \$2,340.00.

The member had this dental work done and originally requested reimbursement in the amount of \$600.00 as they were not aware the board could approve dental work over the amount of \$600.00. Once the member became aware of this, they are requesting the full amount paid of \$2,340.00. I made the member aware for future dental work over the amount of \$600.00 the proper procedure is to submit the application for payment of services and the treatment plan to the board for approval prior to having the work done.

Attachments:

Application for payment of services
Treatment plan
Statement of account

Reference:

Section III Procedures to Receive Benefits, H. Dental Benefits